2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trusted empowered thanged, or on an attachment with an address, with all other like empowered.

RVI: Susan In Timoner, As

SIGNATURE:

usan Z

Timoree 35

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **F94000002855** 1. Entity Name SUNRISE ASSISTED LIVING INVESTMENTS, INC. 04-17-2000 90141 045 ***150.00 Principal Place of Business Mailing Address 9401 LEE HIGHWAY, SUITE 300 9401 LEE HIGHWAY, SUITE 300 OPPENANC FAIRFAX VA 22031-1803 FAIRFAX VA 22031 2. Principal Place of Business 3. Mailing Address 7902 Westpark Drive <u>7902 Westpark Drive</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 54-1674683 Not Applicable McLean, ٧A McLean, VA Country \$8.75 Additional ZipCountry 5. Certificate of Status Desired Fee Required 22102 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **-CT CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio Code Fi 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete D/P Change Addition TITLE KLAASSEN, PAUL J NAME Klaassen, Paul J. NAME STREET ADDRESS 9401 LEE HIGHWAY, #300 7902 Westpark Drive McLean, VA 22102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22031 Change ☐ Addition TITLE ☐ Delete KLAASSEN, TERESA M NAME NAME Klaassen, Teresa M. STREET ADDRESS 7902 Westpark Drive STREET ADDRESS 9401 LEE HIGHWAY, #300 CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22031 McLean, VA 22102 **★** Change ☐ Addition VΡ □ Delete TITLE TITLE **NEWELL N. THOMAS B** NAME Newell, Thomas B. NAME STREET ADDRESS 9401.LEE HIGHWAY, #300 STREET ADDRESS 7902 Westpark Drive CITY-ST-ZIP CITY-ST-ZIP McLean, VA 22102 FAIRFAX VA 22031 **≭** Change ☐ Addition ☐ Delete TITLE TITLE Timoner, Susan L. TIMONER, SUSAN L NAME NAME STREET ADDRESS 7902 Westpark Drive STREET ADDRESS 9401 LEE HIGHWAY. SUITE 300 CITY-ST-ZIP CITY-ST-ZIP McLean, VA 22102 FAIRFAX VA 22031 **★**☐ Change ☐ Delete ☐ Addition TITLE TITLE POPE, JAMES S NAME NAME Pope, James S. STREET ADDRESS 9401 LEE HWY, SUITE 300 STREET ADDRESS 7902 Westpark Drive McLean, VA 22102 CITY-ST-ZIP CITY-ST-7IP FAIRFAX VA 22031 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME Gorham, Daniel B. STREET ADDRESS STREET ADDRESS 7902 Westpark Drive CITY-ST-7IP CITY-ST-7IP <u>McLean, VA</u> 22102 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

7-10-W

(703)744 - 1878

FILED